

**BLAKELY  
SOKOLOFF  
TAYLOR &  
ZAFMAN**

A LIMITED LIABILITY  
PARTNERSHIP INCLUDING  
LAW CORPORATIONS

8055 East Tufts Avenue, Suite 1300  
Denver, Colorado 80237  
(303) 740-1980 - Phone  
(303) 740-6962 - Fax

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**Telephone No.:**

**From: Roberta J. Hanson**

**Date: April 17, 2003**

**Time:**

**P.M. MDT**

**Application No. 09/917,494**

**Enclosed: Amendment Transmittal, in duplicate; Response After Final, 4 pages.**

**Number of pages including cover sheet: 9 pgs.**

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Attorney's Dock t No.: 070452.P002

Patent

In re the Application of: Forusz et al.

(inventor(s))

AMENDMENT UNDER  
37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP 1700

Application No.: 09/917,494Filed: July 26, 2001For: Fiber Formulation

(title)

ASSISTANT COMMISSIONER FOR PATENTS  
Washington, D.C. 20231  
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SIR: Transmitted herewith is an Amendment After Final Action for the above application.

Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed.

X No additional fee is required.

A Notice of Appeal is enclosed.

The fee has been calculated as shown below:

	(Col. 1) Claims Remaining After Amd.		(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
					Rate	Additional Fee	Rate	Additional Fee
Total Claims	*	Minus	**		X9	\$	X18	\$
Indep. Claims	*	Minus	***		X42	\$	X84	\$
	First Presentation of Multiple Dependent Claim(s)				+140	\$	+280	\$
					Total Add. Fee	\$	Total Add. Fee	\$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

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\_\_\_\_\_ A check in the amount of \$\_\_\_\_\_ is attached for presentation of additional claim(s).  
\_\_\_\_\_ Applicant(s) hereby Petition(s) for an Extension of Time of \_\_\_\_\_ month(s) pursuant to  
37 C.F.R. § 1.136(a).  
\_\_\_\_\_ A check for \$\_\_\_\_\_ is attached for processing fees under 37 C.F.R. § 1.17.  
\_\_\_\_\_ Please charge my Deposit Account No. 02-2666 the amount of \$\_\_\_\_\_.  
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        X   Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of  
            extra claims.  
        X   Any extension or petition fees under 37 C.F.R. § 1.17.

BLAKELY SOKOLOFF TAYLOR &amp; ZAFMAN LLP

Date: April 17, 2003

12400 Wilshire Boulevard  
Seventh Floor  
Los Angeles, California 90025  
(408) 720-8300

  
Roberta J. Hanson

Reg. No. 51,774